



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 131240		2. Name of Corporation Heartland Food Products, Inc.			
3. Street Address Principal Business Office 1901 W 47th Place, Suite 210			City Westwood	State KS	Zip 66205
4. Business Phone No. 913-831-4446		5. State of Incorporation Kansas			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale sale of waffle food products and retail sale of restaurant equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Steeb			Vice President Name Dana C. Roos		
Street Address 2120 Wyandotte, #20			Street Address 15709 Birch		
City Kansas City	State MO	Zip 64108	City Overland Park	State KS	Zip 66224
Secretary Name Mary M. Steeb			Treasurer Name Mary M. Steeb		
Street Address 411 W. 46th Terrace, #901			Street Address 411 W. 46th Terrace, #901		
City Kansas City	State MO	Zip 64112	City Kansas City	State MO	Zip 64112
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William R. Steeb			Director Name Mary M. Steeb		
Street Address 2120 Wyandotte, #20			Street Address 411 W. 46th Terrace, #901		
City Kansas City	State MO	Zip 64108	City Kansas City	State MO	Zip 64112
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Common		1000	Common	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **JAN 28 2008**

Check No.:

By: **DS-24955**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature:

Date:

Dana C. Roos

Print or Type Name

Assistant Vice President

Title